



Louisville Metro Community Based Emergency Response Program

There is NO fee for this program. Reservations should be made thirty (30) days prior to training course date for scheduling purposes. Each four (4) day session will host 40 students.

Dates for the Program are:

2006 Class Dates

*Jan. 10-13, Feb. 7-10, Mar. 7-10, Apr. 11-14, May 9-12, Jun. 6-9,
Jul. 11-14, Aug. 8-11, Sep. 12-15, Oct. 17-20, Nov. 14-17.*

Please indicate the program date desired

Primary Date _____

Secondary Date _____

Fax both pages of this registration form to (502) 574-6202, attn: Linda Hawkins and for more information regarding the training course, call (502) 574-6859 or 574-3646. The program itinerary is on this website. Our mailing address is 810 Barret, Room 614, Louisville, KY. 40204. Get your reservations in thirty 30 days prior to program date. Program course and hotel information follows. The website for the Louisville Metro Health Department is: <http://louisvilleky.gov/health>

Hotel reservations are the responsibility of the attendee. A block of sleeping rooms has been reserved at the Holiday Inn-Downtown, at the training course rate of \$75.00 (plus 15.01% tax)/day, single/double rate. This includes continental breakfast in the Bentley's Dining Room located in the hotel. You can register by calling (502) 582-2241. When making reservations, advise the hotel that you will be attending the:

***Louisville Metro Community Based Emergency Response (CBER) Program or
The Louisville Metro Health Department***

Cancellations: In the event that you are unable to attend the program, you are responsible for canceling your hotel reservations. Hotel cancellations must be received 24 hours prior to arrival or a one-night stay will be charged to your credit card. Program cancellations must be received seven (7) days prior to training course date. Program dates are subject to change. Keep this in mind when making airline reservations. Notice of program cancellations will be given 21 days in advance.

Student Profile
Please complete and send with registration

Name _____

Company/Agency _____

Agency Address _____

Agency



City _____ State _____ Zip _____

- ☐ State
☐ City
☐ County
☐ Federal

EMAIL _____ Phone _____

Your professional job title is? _____

What are your current responsibilities? _____

How many years of experience do you have in your agency? _____

Does your organization have a Community Emergency Plan? Yes ☐ No ☐

Does your organization have an Agency Emergency Plan? Yes ☐ No ☐

What is the date of your last emergency response? _____

Did you participate in the emergency? Yes ☐ No ☐

If no, what is the date of the latest emergency response in which you participated? _____

Please describe the last emergency response you participated in:

List any other training you have had, dealing with emergency preparedness: _____

Has anyone in your organization attended this training course: Yes ☐ No ☐

How did you hear about our program?

The State Training ☐
Internet ☐
NACCHO ☐
CDC ☐

Other _____

Dress Code: Casual